

## APPLICATION DATA SHEET

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### APPLICATION INFORMATION

|                                  |                       |
|----------------------------------|-----------------------|
| Application Type::               | Regular               |
| Subject Matter::                 | Utility               |
| Title::                          | GREASE REMOVAL SYSTEM |
| Attorney Docket Number::         | 644-031737            |
| Request for Early Publication?:: | No                    |
| Request for Non-Publication?::   | No                    |
| Suggested Drawing Figure::       | 6                     |
| Total Drawing Sheets::           | 12                    |
| Small Entity?::                  | No                    |

### APPLICANT INFORMATION

|                                         |                     |
|-----------------------------------------|---------------------|
| Applicant Authority Type::              | Inventor            |
| Primary Citizenship Country::           | USA                 |
| Status::                                | Full Capacity       |
| Given Name::                            | Carl                |
| Middle Name::                           | R.                  |
| Family Name::                           | Nicolia             |
| City of Residence::                     | Erie                |
| State or Province of Residence::        | PA                  |
| Country of Residence::                  | USA                 |
| Street of Mailing Address::             | 5223 Clinton Street |
| City of Mailing Address::               | Erie                |
| State or Province of Mailing Address::  | PA                  |
| Country of Mailing Address::            | USA                 |
| Postal or Zip Code of Mailing Address:: | 16509               |

|                                         |                    |
|-----------------------------------------|--------------------|
| Applicant Authority Type::              | Inventor           |
| Primary Citizenship Country::           | USA                |
| Status::                                | Full Capacity      |
| Given Name::                            | Joseph             |
| Family Name::                           | Tripodi            |
| City of Residence::                     | Erie               |
| State or Province of Residence::        | PA                 |
| Country of Residence::                  | USA                |
| Street of Mailing Address::             | 633 Tindall Avenue |
| City of Mailing Address::               | Erie               |
| State or Province of Mailing Address::  | PA                 |
| Country of Mailing Address::            | USA                |
| Postal or Zip Code of Mailing Address:: | 16511              |

|                                         |                |
|-----------------------------------------|----------------|
| Applicant Authority Type::              | Inventor       |
| Primary Citizenship Country::           | USA            |
| Status::                                | Full Capacity  |
| Given Name::                            | Douglas        |
| Middle Name::                           | R.             |
| Family Name::                           | Wroblewski     |
| City of Residence::                     | Wattsburg      |
| State or Province of Residence::        | PA             |
| Country of Residence::                  | USA            |
| Street of Mailing Address::             | 10855 May Road |
| City of Mailing Address::               | Wattsburg      |
| State or Province of Mailing Address::  | PA             |
| Country of Mailing Address::            | USA            |
| Postal or Zip Code of Mailing Address:: | 16442          |

|                                         |                        |
|-----------------------------------------|------------------------|
| Applicant Authority Type::              | Inventor               |
| Primary Citizenship Country::           | USA                    |
| Status::                                | Full Capacity          |
| Given Name::                            | Robert                 |
| Middle Name::                           | J.                     |
| Family Name::                           | Burnham                |
| City of Residence::                     | Conneautville          |
| State or Province of Residence::        | PA                     |
| Country of Residence::                  | USA                    |
| Street of Mailing Address::             | 21994 State Highway 18 |
| City of Mailing Address::               | Conneautville          |
| State or Province of Mailing Address::  | PA                     |
| Country of Mailing Address::            | USA                    |
| Postal or Zip Code of Mailing Address:: | 16406                  |

#### **CORRESPONDENCE INFORMATION**

|                                  |       |
|----------------------------------|-------|
| Correspondence Customer Number:: | 28289 |
|----------------------------------|-------|

#### **REPRESENTATIVE INFORMATION**

|                                         |       |  |
|-----------------------------------------|-------|--|
| <b>Representative Customer Number::</b> | 28289 |  |
|-----------------------------------------|-------|--|

**DOMESTIC PRIORITY INFORMATION**

| <b>Application::</b> | <b>Continuity Type::</b>                                | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
|----------------------|---------------------------------------------------------|-----------------------------|-----------------------------|
| This Application is  | An application claiming the benefit under 35 USC 119(e) | 60/457,206                  | 03/25/03                    |
| This Application is  | An application claiming the benefit under 35 USC 119(e) | 60/464,489                  | 04/22/03                    |
| This Application is  | An application claiming the benefit under 35 USC 119(e) | 60/500,399                  | 09/05/03                    |
|                      |                                                         |                             |                             |

**ASSIGNMENT INFORMATION**

|                                        |                       |
|----------------------------------------|-----------------------|
| Assignee Name::                        | Zurn Industries, Inc. |
| City of Mailing Address::              | Erie                  |
| State of Province of Mailing Address:: | PA                    |
| Country of Mailing Address::           | USA                   |